

4394

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State		State File No. <u>28</u>	
County <u>Cochise</u>				City <u>Cochise</u>		Registered No. _____	
Township <u>Cochise</u>				or Village _____		or _____	
City _____				No. <u>830-164 St.</u>		St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.				How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.			
2. FULL NAME <u>Nancy V. Beecroft</u>							
(a) Residence: No. <u>830-164 St.</u>				St. _____ Ward _____		(If nonresident give city or town and State)	
(Usual place of abode)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>Feb 22, 1937</u>			
5a. If married, widowed, or divorced		HUSBAND of (or) WIFE of <u>William Beecroft</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 2</u> 19 <u>31</u> to <u>Feb 3</u> 19 <u>37</u>			
6. DATE OF BIRTH (month, day, and year) <u>Nov 14, 1870</u>				Last saw her alive on _____, 19____; death is said to have occurred on the date stated above, at <u>2 P.</u> m.			
7. AGE	Years <u>60</u>	Months <u>59</u>	Days _____	If LESS than 1 day, _____		The principal cause of death and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business, in which work was done, as silk mill, saw mill, bank, etc. _____		10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or country) <u>Mississippi</u>		13. NAME <u>John M. Valentine</u>		14. BIRTHPLACE (city or town) (State or country) <u>Mississippi</u>		15. MAIDEN NAME <u>Coats</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Caroline</u>		17. INFORMANT <u>William Beecroft</u>		18. BIRTHPLACE (city or town) (State or country) <u>Caroline</u>		19. UNDERTAKER <u>Robert A. ...</u>	
20. Filed <u>Feb 23, 1937</u>		21. Burial, cremation, or removal Place <u>Douglas</u> Date <u>2-24, 1937</u>		22. Manner of injury _____		23. Nature of injury _____	
23. Was disease of injury in any way related to occupation of deceased? <u>No</u>		24. If so, specify _____		25. (Signed) <u>P. J. ...</u>		26. (Address) <u>Douglas</u>	